

CHAPTER 66  
QUALITY-BASED INSPECTION

**481—66.1(135C) Definitions.**

*“Department”* means the department of inspections and appeals.

*“Division”* means the division of health facilities.

*“Health care facility”* or *“facility”* means a nursing facility, a residential care facility, a residential care facility for persons with mental illness, or a residential care facility for persons with mental retardation.

*“Provider”* means a health care facility licensed by the department of inspections and appeals under Iowa Code chapter 135C.

*“Quality-based inspection”* means a nonstandard inspection to be conducted by the department. This quality-based inspection is not a substitute for the standard survey and will not be combined with a standard survey, complaint investigation or dependent adult abuse investigation. The quality-based inspection constitutes a review of the facility’s efficiency and effectiveness and involves a review of identified performance criteria.

*“Quality-based self-assessment form”* means the form used by participating facilities to complete a quality-based self-assessment.

*“Quality review report”* means the findings of the department of inspections and appeals following a validation review.

*“Standard survey”* means an unannounced inspection performed every 30 months.

*“Statement of deficiency”* means a written statement of any administrative rule violations found during a survey.

*“Validation review”* means the department’s on-site review to assess the accuracy of a provider’s quality-based self-assessment.

**481—66.2(135C) Participation.** Participation in a quality-based inspection is limited to health care facilities which are licensed only by the state and are selected for participation by the department. The department shall select a facility based upon the facility’s history of compliance, the facility’s willingness to participate in such an inspection, and information collected during the two previous survey cycles. Participating facilities shall then receive a quality-based inspection in their first inspection to be performed during the time period of July 1, 2000, through September 1, 2001. Participation in a quality-based inspection does not relieve a facility of its obligation to operate in compliance with state law and rules.

**481—66.3(135C) Self-assessment.** The department will supply participating facilities with quality-based self-assessment forms. Participating facilities must annually complete a self-assessment based on quality management criteria and return the completed self-assessment to the department electronically or via the postal service within 30 calendar days after initial receipt. A participating facility that fails to submit a scheduled self-assessment shall be subject to a standard survey.

**481—66.4(135C) Validation review.** Within 30 calendar days of receiving the facility's self-assessment, the department will conduct a scheduled validation review. During the validation review, the department will apply the same quality management criteria used by the facility in the self-assessment. The validation review will include an assessment of those requirements fundamental to health, safety, welfare and rights of the persons served by the facility.

**66.4(1)** Following a participating facility's validation review, the department will submit to the facility a quality review report. The quality review report will examine findings in relation to the quality management criteria.

**66.4(2)** Following the receipt of the quality review report, each participating facility must submit an improvement plan within 30 calendar days.

**66.4(3)** A participating facility that fails to submit an improvement plan within 30 calendar days shall be subject to a standard survey.

**481—66.5(135C) Program survey cycle.** Participating facilities shall be subject to a standard survey not later than 30 months after the date of the previous standard survey. Specific survey cycles shall include: 6 to 12 months, 12 to 18 months, 18 to 24 months, and 24 to 30 months.

**66.5(1)** The department shall develop a process for identifying the survey cycle for participating facilities licensed only by the state based upon the following:

- a. Compliance history of the facility.
- b. Facility's completed quality-based self-assessment.
- c. Information collected during the facility's previous two survey cycles.
- d. Deficiencies issued as a result of a survey or complaint investigation.
- e. Information obtained from facility residents and family members.
- f. Information obtained from facility employees.
- g. Information obtained from the state ombudsman.

**66.5(2)** The department shall provide public notice of the classification process and shall identify the selected survey cycles for each participating facility.

**66.5(3)** The department shall alter the survey cycle for a participating facility based on findings identified through the completion of:

- a. A survey.
- b. A validation review.
- c. A complaint investigation.

**481—66.6(135C) The initiation of standard survey.** The initiation of a standard survey out of a validation review must receive the consensus of the department's applicable program coordinator, bureau chief and division administrator. Upon administrative approval, the department shall conduct a standard survey as an extension of a validation review if a violation of health, safety, welfare, or rights of the residents is alleged.

**481—66.7(135C) Statement of deficiencies.** Within 10 calendar days of completing the standard survey, the department will mail a statement of deficiencies to the provider. Within 20 calendar days of receiving the statement of deficiencies, the provider must mail a plan of correction to the department. The plan of correction shall state how the provider will correct the deficient practices observed during the survey and address any system changes necessary to avoid future occurrence of the deficient practices.

**481—66.8(135C) Training.** The department, through quality-based inspection, shall expand training and educational efforts for the participating facilities, residents and family members, long-term care ombudsman, and the general public.

**481—66.9(135C) Evaluation.** The department shall develop a process for the evaluation of the effectiveness of the quality-based inspection program. The evaluation will be conducted annually and will be made available to the governor, the general assembly and the general public. Whenever possible, the information should be available via electronic means.

These rules are intended to implement Iowa Code section 135C.16(1) and 2000 Iowa Acts, chapter 1180.

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CHAPTERS 67 to 69

Reserved